FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, ty is changed) over the lines	12FE4M5
Buckeye Liber	ty PAC	
		<u> </u>
ADDRESS (number and s	1155 21st Street, NW	
(Observit address	Sujte 300	
(Check if addre is changed)	Washington	DC 20036
00144775510 5 1441	CITY <b>▲</b>	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 202-659-4953		
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00366781	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED	(A)
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, c	orrect and complete
Type of Time Name of		
Signature of Treasurer	Electronically Filed by Mr Todd Emoff	Date 03 7 0 10 7 2006
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPO	•
Office Use Only	For further infor Federal Election ( Toll Free 800-424	Commission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, Republican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	fund or party					
ô.	Name of Any Connected Organization or Affiliated Committee						
l	NONE	<b>.</b>					
I							
_							
	Mailing Address						
	CITY▲ STATE ▲	ZIP CODE					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation					
	Membership Organization Trade Association Cooperative						

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Write or Type C	Committee Name							
Buckeye	Liberty PAC							
	of Records: Identify by n of Committee books a	name, address, (phone num nd records.	ber optional), and pos	sition of th	e person in			
Full Name	Meredity G. Kelley Full Name							
Mailing Addr	ress	1155 21st Street, NW						
		Suite 300						
		Washington		<u> </u>	20036	-		
Title or Posit	tion 🔻	CITY A	STA	TE▲	ZIP CO	DE A		
	Asst. Treasurer		Telephone number	202	<b>659</b>	8201		
Full Name of Treasurer Mailing Addr		f 1123 Sleeping Meado	w Drive					
		New Albany	0	<u>н</u> _	43054	9556		
Title or Posit	tion 🔻	CITY A	STA	TE▲	ZIP CO	DE 🛦		
	Treasurer		Telephone number	202	_ 659 _			
Full Name of Designated						8201		
Agent	f Meredith G. Ke	elley				8201		
Agent  Mailing Addr	Meredith G. Ke	elley 1155 21st St., NW				8201		
-	Meredith G. Ke					8201		
-	Meredith G. Ke	1155 21st St., NW		<u> </u>	20036 -	8201		
-	Meredith G. Ke	1155 21st St., NW Suite 300			20036 - ZIP COI			
Mailing Addr	Meredith G. Ke	1155 21st St., NW Suite 300 Washington						

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.			
		Bank One		
	Mailing Address	5681 Cleveland Avenue		
		Columbus OH 43	231	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷